

## UTILITY PATENT APPLICATION TRANSMITTAL

 DUPLICATE

Address to: Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No. KARA3003/JEK/JJC
	First Named Inventor (or identifier) Gudjon G. KARASON
	Total Pages 24

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	PROSTHESIS SOCKET DIRECT CASTING DEVICE HAVING MULTIPLE COMPRESSION CHAMBERS
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1. Submitted herewith are the following:

15 pages of specification.  
 Abstract.  
3 sheet(s) of drawings.  
7 claim(s).  
 Oath/Declaration signed by each inventor.  
 Application Data Sheet.  
 Preliminary Amendment.  
 Information Disclosure Statement(s).  
0 pages of Form PTO-1449, and one copy of each document listed thereon.  
 Assignment of the invention, Cover Sheet, and payment of the \$ 40.00 recordal fee.  
 certified copy of application no. \_\_\_\_\_ filed in \_\_\_\_\_. Priority is claimed.  
 check in the amount of \$ 810.00 including any assignment recordal fee.

2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_. --

5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_. --

6. Other: \_\_\_\_\_

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee: \$770.00
Total Claims:	7	- 20 =	0	<input checked="" type="checkbox"/> \$18 =
Independent Claims:	2	- 3 =	0	<input checked="" type="checkbox"/> \$86 =
Correspondence Address:			Multiple Dependent Claim (add \$290.00):	
23364 Customer Number			Subtotal: \$770.00	
			50% Reduction if Small Entity Status:	
Phone: 703-683-0500			Total:	\$770.00
Dat :	Name:	<i>Justin J. Cassell</i>	Signature:	Reg. N .
10/07/03	JUSTIN J. CASSELL	<i>Justin J. Cassell</i>		46,205